

## Haloperidol – Do you undertake a baseline ECG?

April – May 2010

Number of responses = 178

1) Where do you mainly care for palliative care patients?		(one_of)
answer	votes	% of vote
Home	48	27%
Hospice	71	40%
Hospital	59	33%

2) When prescribing haloperidol in palliative care, do you routinely assess patients for risk of prolonged QT? (see SPC)		(yes_no)
answer	votes	% of vote
Yes	9	5%
No	168	94%

3) Do you have easy access to an ECG that will automatically calculate QT/QTc interval?		(yes_no)
answer	votes	% of vote
Yes	69	39%
No	106	60%

4) When prescribing haloperidol in palliative care, e.g. for nausea or delirium, have you ever performed a baseline ECG to screen for prolonged QT?		(yes_no)
answer	votes	% of vote
Yes	8	4%
No	170	96%

5) If you have answered YES to question 4; please outline the circumstances that prompted you to perform a baseline ECG.

Five of the 8 members who answered this question provided details; an ECG was performed by:

- 3 in patients because of existing arrhythmia, cardiac disease, use of other QT-prolonging medications or electrolyte deficiencies
- 1 in a patient because of admission to hospital with collapse, suspected to be due to arrhythmia
- 1 in a patient on a coronary care unit (already undergoing an ECG).

6) If you have answered NO to question 4; please outline your reasoning as to why you do not perform a baseline ECG.

A total of 118 members answered this question, some gave multiple reasons:

- 40% did not consider that the risk in this patient population outweighed the advantages of prompt treatment of symptoms or the inconvenience and cost, and that it was an unnecessary intervention in end of life care, particularly when using at low doses (a further 15%)
- 30% stated it would be impractical in terms of access to ECG equipment

- 18% were not aware of the risks and/or the SPC advice particularly in regards to the oral route
- 18% stated that they had never had any problems with the use of haloperidol.

7) When using haloperidol for *nausea* in palliative care, what is the *typical maximum total daily dose* you would use?

The majority of members (60%) who answered stated a typical maximum total daily dose in the range of 3–5mg, a further 12% would use a maximum of 10mg. the highest dose was 15mg (1%).

8) When using haloperidol for *delirium* in palliative care, what is the *typical maximum total daily dose* you would use?

Of the 159 members who answered, the majority (65%) stated a typical maximum total daily dose in the range of 5–10mg, a further 11% would use a maximum of 20mg, higher doses of 25mg (3%), 30mg (4%) and >30mg (3%) were quoted. In addition, 19 members stated that they would not use haloperidol for this indication.

9) Have you had palliative care patients on haloperidol experience episodes of palpitations, sudden loss of consciousness or sudden death that were clinically suspected or proven to be due to ventricular tachyarrhythmia (torsade de pointes)? (yes\_no)

Answer	votes	% of vote
Yes	0	0%
No	177	99%

10) Further comments

Additional comments included pointing out that there are also other drugs that potentially should have ECG monitoring in palliative care, e.g. methadone. Others thought a raised awareness of the potential problems was all that was necessary in this patient group.